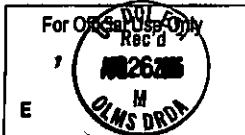


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13257</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Lester</u> <u>R</u> <u>Smith</u> P O Box Bldg Room No If any Street <u>3913 Upper Salem Road</u> City <u>Metropolis</u> State <u>Illinois</u> ZIP Code + 4 <u>62960</u>	4 Name file number and address of labor organization Name <u>IUPAT Dist/C Local 500 Apprentice Training Fd</u> Labor Organization File Number <u>002160</u> P O Box, Building and Room Number If any <u>P O Box 1923</u> Street <u>1930 North 13TH Street</u> City <u>Paducah</u> State <u>Kentucky</u> ZIP Code + 4 <u>42002-1923</u>
5 Position in labor organization <u>Teacher/Instructor in Program</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income of monetary value from an employer whose employees your organization represents	
6 Name and address of Employer (Including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature 7 b Amount 

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

*John R. Smith*

On

4/14/06  
Date

618-534-2686  
Telephone Number

Name of Person Filing Lester Smith

File Number U

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**9 Business deals with**☐ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State Kentucky ZIP Code + 4

**11 a Nature of such dealing****11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name IUPAT DC/Local 500 Joint Apprentice Fund

Trade Name if any

P O Box Bldg Room No if any P O Box 1923

Street 1930 North 13TH Street

City Paducah

State Kentucky ZIP Code + 4 4002 1923

**14 a Nature of payment.**

Wages for teaching and instruction	\$990
Reimbursement for class expenses	\$142

**13 b Is the Business an Employer** ☒ **or Consultant** ☐ ?**14 b Amount of payment.**

\$1 132